



Due to the ongoing activities associated with the state's COVID-19 response the Tuberculosis, STD, and HIV Disease Programs are providing some guidance on the protocols for TB, STD, and HIV testing and treatment services:

For all Gonorrhea and Chlamydia positive clients requiring treatment

1. Refer the client to one of our Contracted Providers for treatment (see attachments for current listing of STD and HIV contract testing facilities). If the client is unable to report to one of our providers or if the contractor has limited hours, option 2 or 3 can be considered.
2. Refer the client to their private provider for treatment.
3. If the client is a priority gonorrhea/chlamydia and is unable to access treatment through option 1 or 2, we request that accommodations be made to treat the client at your facility. We understand fully that your bandwidth to provide these services maybe limited and will need to be handled on a case-by-case basis and reserved for the highest priority individuals.

For Syphilis clients requiring treatment

1. If the client is a priority syphilis, we request that accommodations be made to treat the client at your facility. We understand fully that your bandwidth to provide these services maybe limited and will need to be handled on a case-by-case basis and reserved for the highest priority individuals. If your facility is unable to accommodate the client, options 2 or 3 could be considered.
2. Refer the client to one of our Contracted Providers for treatment (see attachments for current listing of STD and HIV contract testing facilities). If the client is unable to report to one of the providers or if there are limited hours, options 3 can be considered.
3. Refer the client to their private provider. If the private provider does not have Bicillin onhand, please contact the District PADOH representative in your area. On a case-by-case basis, the PADOH District Field Staff person can deliver the medication to that provider out of our stock. This treatment can only be used for the treatment of that client or their sex partners.

Primary Contact: STD related questions can be directed to Steve Kowalewski at 717-547-3443

Tuberculosis Surveillance

The TB Program is suspending the requirement to submit monthly case monitoring reports. We encourage nurse supervisors to ensure quality of TB care and case management but are not requiring the completion and submission of the case

monitoring form until further notice. This activity will resume in the future when resources allow.

The TB Program Central Office will not request correction of surveillance data unless it is impeding the ability to count cases of active TB disease or meet CDC reporting requirements.

Evaluation and Care

In consultation with Dr. Edward Zuroweste, TB Medical Consultant, the following may be considered regarding patient care where there are reduced resources:

1. Prioritization of patients for evaluation including patients with Electronic Disease Notification (EDN) referrals. Patients who are considered at high risk for progression to TB disease should be prioritized, especially children (please refer to the TB manual or consult with your TB clinician to ensure that high risk patients are evaluated in a timely manner).
2. Utilizing video or electronic directly observed therapy (DOT) are encouraged to review their policies to determine if services can be expanded and make decisions that are in the best interest of patients (safety and confidentiality) in consideration with health department resources and current video or electronic DOT policies.

Risk of COVID-19 for TB Patients

Patients with active pulmonary TB who were previously asymptomatic after starting treatment and have onset of a new cough with a fever, should be rapidly tested for COVID-19.

TB is the world's deadliest disease killing 4,000 people each day world-wide. As we loosen requirements to provide resources to address COVID-19, we need to continue to be vigilant in the evaluation of patients for TB, providing care to those diagnosed with TB infection and disease and to prevent the spread of TB disease to others through public health activities such as contact investigations.

Primary Contact: TB related questions can be directed Kimberly Fitzpatrick, TB Program Manager, at 717-547-3447

HIV Program

1. It is our expectation that HIV testing continues as outlined under the HIV Prevention grant. However, we recognize that under the current circumstances, capacity and resources may be limited. Accordingly, if appropriate and needed, HIV testing services can be limited to high risk individuals, as outlined under the HIV Prevention grant. If your facility is unable to accommodate the client and there is a local site that is operational, option 2 should be considered.

2. Refer the client to one of our Contracted Providers for testing. Please ensure the site is open and operational to provide an HIV test before referring an individual. We will be sharing a list of operational sites ongoing as they may change. We will also be posting this list on our website. This list may be change depending on provider's capacity. Individuals may also be referred to a medical provider or local Federally Qualified Health Center.
3. For HIV Cluster monitoring, central office will prioritize cluster investigations and forward those priorities as needed, recognizing the ever-changing capacity.
4. It is our expectation that linkage to HIV medical care continue for all individuals identified as HIV positive. We are in the process of obtaining a list of operational care providers. We will provide this list as soon as possible and recognize the list may change as the COVID-19 situation changes.

Primary Contact: HIV related testing and care questions can be directed to Jon Steiner at 717-547-3436

Partner Services for STD/HIV

The Divisions of HIV Disease, TB/STD, and HIV Surveillance are making the following adjustments to the priorities for Partner Services:

1. Top priority:
 - All newly identified HIV positive individuals must be investigated and followed as usual
 - All newly identified syphilis positive individuals must be investigated and followed as usual
2. Secondary priority:
 - If your workload permits, you should continue to operate under the current priority requirements.
 - If workload does not permit, remaining priorities, such as PrEP and previously positive individuals with a new CT or GC will be suspended until April 30, 2020.
3. Central Office program staff will evaluate the situation weekly. We may reinstate the priorities or extend the suspension, dependent on the situation at that time.
4. Expected Partner Services Activities
During this time, you are not expected to make field visits, provider visits or chart reviews at hospitals. Instead, we would expect you to continue conducting surveillance and PS to the best of your ability, using the below methods if necessary, but recognizing that HIV-related information must still be kept confidential and secured. That means that client's identity must be ensured prior to discussing confidential medical information and ensuring that whatever venue/forum that conversations occur meet confidentiality and security requirements.
 - Phone
 - FaceTime

- Skype

Primary Contact: If you have questions about the guidance, please contact Jon Steiner at 717-547-3436 or Steve Kowalewski at 717-547-3443.

Special Note: Clients seen at your facility that are experiencing COVID-19 symptoms (e.g., fever, cough, and difficulty breathing) are to be immediately referred to their medical provider and advised to call ahead to help the medical provider prepare. The CDC urges those who may have been exposed to avoid public places and limit contact with other people. If the client does not have a private medical provider, call 1-877-PA-HEALTH (1-877-724-3258) for further guidance.